

# Queensland Health COVID-19 Policy and Action Plan for Queenslanders with disability

2021



## Interpreter service statement



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## Abbreviations

Name	Abbreviation
Culturally and linguistically diverse	CALD
Children's Health Queensland Hospital and Health Service (part of QH)	CHQ
Clinical Excellence Queensland (part of QH)	CEQ
Community Services Funding Branch (part of QH)	CSFB
COVID-19 Supply Chain Surety Division (part of QH)	CSCSD
Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	DSDSATSIP
Department of Health	DOH
Department of Communities, Housing and Digital Economy	DCHDE
Healthcare Purchasing and System Performance Division (part of QH)	HP&SP
Hospital and Health Services (part of QH)	HHS
Lesbian, gay, bisexual, transgender and intersex	LGBTI
Mental Health Alcohol and Other Drugs Branch (part of QH)	MHAODB
National Disability Insurance Scheme	NDIS
Novel Coronavirus	COVID-19
Office of Chief Clinical Information Officer (part of CEQ)	OCCIO
Office of the Public Guardian	OPG
Office of Rural and Remote Health (part of QH)	ORRH
Personal Protective Equipment	PPE
Queensland Civil and Administrative Tribunal	QCAT
Queenslanders with Disability Network	QDN
Queensland Health	QH
Social Policy and Legislation Branch (part of QH)	SPLB

## Purpose

The *Queensland Health COVID-19 Policy and Action Plan for Queenslanders with disability* (the Policy and Action Plan) outlines the mainstream health COVID-19 response to support Queenslanders with disability.

The Policy and Action Plan aims to ensure that the COVID-19 health response meets the specific needs of people with disability and minimises the risks to people with disability as a result of any unintended consequences of changes to public health messaging and changes in service delivery.

The Queensland Government is committed to upholding the United Nations Convention on the Rights of Persons with Disabilities. Under the Queensland *Disability Services Act 2006* and *Human Rights Act 2019* the Queensland Government is committed to ensuring that the fundamental rights of people with disability are recognised and upheld on the same basis as the rest of the community.

The Queensland Government is also committed to upholding the *Queensland Carers Charter* (Charter). Under the *Carers (Recognition) Act 2008*, the Queensland Government must be aware of and reflect the principles of the Charter when providing services to carers and the people they care for. The Charter stipulates that representative bodies must be consulted when strategic policy or planning decisions relevant to carers and the people they care for are made.

The Policy and Action Plan aligns with *All Abilities Queensland: opportunities for all - state disability plan 2017-2020*, by ensuring that COVID-19 health services are accessible and responsive to the needs of all Queenslanders, including Queenslanders with disability. The Policy and Action Plan will be implemented to achieve outcomes for all Queenslanders with disability, including First Nations people and people from culturally and linguistically diverse backgrounds.

## Alignment with the National Plan

The Policy and Action Plan is closely aligned with the *Management and Operational Plan for People with Disability* (the National Plan) as part of the *Australian Health Sector Emergency Response for the Novel Coronavirus (COVID-19)*.

In line with the National Plan, the Policy and Action Plan seeks to ensure that health services provided in response to COVID-19:

- recognise that people with disability have an inherent right to life and its enjoyment on the same basis as others
- provide people with disability the same standard of health care as other persons
- provide people with disability access to health services as close to their own community as possible, including rural and remote areas

- promote dignity, autonomy, and respect for people with disability when receiving health care and that the provision of health care is free from bias or discrimination.

The Policy and Action Plan, like the National Plan, is a living document and will be updated to reflect new information and any changes in the national plan. New priorities and actions may be added as they emerge over the course of the pandemic. Activity under the Policy and Action Plan will complement work being undertaken at the national level, including through the National Disability Insurance Scheme (NDIS).



## Introduction

Around **one in every five Queenslanders has a disability** (938,100 people).

A disability can encompass intellectual, cognitive, neurological, sensory, physical or psychosocial impairments.

People with disability are **diverse**, and their **unique and individual** needs and experiences should be recognised and responded to.

An estimated **306,400 Queenslanders** of all ages have a profound or severe disability<sup>1</sup>. People with a profound or severe disability require assistance with everyday activities, including self-care, mobility, communication and self-management.

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<sup>1</sup> Australian Bureau of Statistics (2018). Disability, Ageing and Carers, Australia: Queensland 2018. Tables 1.1, 2.1.  
<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

About **92,000** Queenslanders are **NDIS participants**. Of these participants, around one in ten have a psychosocial disability<sup>2</sup>.

**Older age groups** (over 60 years of age) have significantly higher proportions of people with disability.

Nationally, approximately **36% of Aboriginal and Torres Strait Islander people** have a disability. Aboriginal and Torres Strait Islander people are twice as likely as other Australians to have severe or profound disability<sup>3</sup>.

About **533,200 Queenslanders are carers**<sup>4</sup>.



## COVID-19 context

On 11 March 2020, the World Health Organization officially declared the COVID-19 viral disease a pandemic. The COVID-19 pandemic was expected to place healthcare systems under enormous pressure, and it was identified that addressing the needs and risks to people with disability over this period would require careful planning and coordination.

People with disability were identified as more likely to be disproportionately impacted by the pandemic as they are more likely to be highly vulnerable to adverse outcomes associated with COVID-19, due to their complex and unique care needs<sup>5</sup>. Research from the United States indicates that intellectual disability is the second highest predictor of COVID-19 mortality, only after age<sup>6</sup>.

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<sup>2</sup> [Queensland | NDIS](#)

<sup>3</sup> Australian Institute of Health and Welfare (2015) *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples:2015* quoted in Queensland Government Disability Statistics (2018). <https://www.qld.gov.au/disability/community/disability-statistics#atsi>

<sup>4</sup> Australian Bureau of Statistics (2018). Disability, Ageing and Carers, Australia: Queensland 2018. Table 29.1. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

<sup>5</sup> [https://www.ohchr.org/Documents/Issues/Disability/COVID-19\\_and\\_The\\_Rights\\_of\\_Persons\\_with\\_Disabilities.pdf](https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf)

<sup>6</sup> [The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States | Catalyst non-issue content \(nejm.org\)](#)

**People with disability may have high rates of comorbid pre-existing health conditions.** This makes people with disability more susceptible to contracting the virus and experiencing more severe symptoms upon infection, potentially leading to higher levels of fatality. Those with high support needs (multiple disabilities; intellectual disability; autism; acquired brain injury; cerebral palsy) and/or require use of immunosuppressant drugs (spinal cord injury; tetraplegia; Multiple Sclerosis; Rheumatoid Arthritis) are particularly vulnerable to complications.

**People with disability may live in group residential settings** such as hospitals, aged care, cared components of retirement villages, hostels and group homes, as well as other supported accommodation and they are over-represented in custodial settings. Group residential living has been identified by the Australian Government as a high-risk issue<sup>7</sup>.

**People with disability face greater inequalities and discrimination in accessing healthcare.** Barriers for persons with disability in accessing health facilities, services, information and advice are amplified during the pandemic. Selective medical guidelines and protocols, which may include unintentional bias against persons with disability, may contribute to discrimination in healthcare provision.

**People with disability have increased exposure to social vulnerability factors.** Examples of such factors and its impacts are explored below.

- Some people with disability have limited ability to undertake preventative measures and practise self-care, which may present significant barriers to implementing basic hygiene measures such as frequent hand washing and covering coughs and sneezes.
- Some people with disability have limited literacy or capacity for communication, or they experience a lack of accessible communication modes, leading to difficulty accessing essential COVID-19 information. This may result in increased reliance on third parties to support access to care.
- People with disability need to be able to access their regular medication and health and social services during a pandemic. Disruption to medications or supports can exacerbate illness and increase risk of exposure<sup>8</sup>.
- People with disability suffer higher rates of violence, neglect and abuse. This is likely to increase, as evidenced by the increased rates of domestic and family violence in the COVID-19 pandemic period.
- People with disability experience barriers with access to appropriate transport and housing. This is likely to be made more difficult during the pandemic.
- People with disability experience economic barriers and often struggle with inflexible working conditions, unemployment, and poverty. They may now experience greater difficulties in finances and in returning to work<sup>9</sup>.
- Some people with disability live in remote and isolated communities and may face significant social or geographic isolation during lockdown measures.

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<sup>7</sup> <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#if-you-are-at-risk>

<sup>8</sup> <https://www.nousgroup.com/insights/covid-19-vulnerabilities/>

<sup>9</sup> <https://news.un.org/en/story/2020/05/1063242>



- For First Nations people, remoteness, overcrowding, lower socioeconomic status, difficulty in accessing healthcare and higher prevalence of health issues in the community can increase risk of illness.
- For people with disability from culturally and linguistically diverse backgrounds, lack of knowledge about risks, mistrust of health services, language and cultural barriers and lower healthcare-seeking behaviours can increase the risk of illness<sup>10</sup>.

These issues are further compounded for older people with disability as the impact of disability and rates of comorbid health conditions increase with age.

## Issues for people with disability

In the COVID-19 context, particularly during periods of increased community transmission, people with disability face many of the same issues as the rest of the community, but they also are contending with a range of challenges specific to their experience.

Some issues that have arisen for people with disability are outlined below.

**Disruptions to disability service provider operations:** Many services have closed, including respite services, training programs and group-based support to join community, social or recreational activities. This contributes to social isolation and has detrimental impacts on people's health and wellbeing.

**PPE issues:** Some people with disability have suffered fear and anxiety and some have refused access to support workers due to the perceived danger in allowing support workers into their homes without PPE. Some support workers who feel unsafe to work in close contact with people with disability without PPE have chosen not to work. This has contributed to disruptions in provision of services and support for people with disability. Lack of understanding around PPE requirements in disability settings and potential supply shortages have contributed to the fear and uncertainty felt by people with disability and by support workers.

**Workforce planning issues:** There have been concerns about a shortage of workers in the disability sector for a range of reasons, such as support workers feeling unsafe to work, a potential surge in infection of support workers and the sector being unable to attract replacement workers. This may lead to avoidable relinquishment of supports and hospitalisation.

**Access to ongoing care:** Healthcare professionals have noted that people with disability are accessing regular health services less frequently, resulting in people presenting to emergency departments when their symptoms have significantly worsened. This increases the risk of avoidable health complications such as infections.

**COVID-19 testing:** Testing has been a concern for people with disability, both in terms of understanding what it entails, ability to access testing and stress around the experience. Alternative testing approaches need to be readily available for people with disability where required.

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<sup>10</sup> <https://www.nousgroup.com/insights/covid-19-vulnerabilities/>

**Mental health concerns:** With people with disability feeling highly anxious and concerned about the risk of contracting COVID-19, and with restricted community access increasing social isolation for many, their mental health and wellbeing can suffer.

**Technology issues:** People with disability who lack reliable access to the internet or have technical problems with their devices are likely to experience further restrictions on their ability to meaningfully connect with other people, engage in work and training, and access essential information and services.

## Areas of focus

To support the needs of people with disability over this period, while managing the impact of COVID-19 on the health system, Queensland Health will focus on actions across the three phases of the National Plan being:

- 1) Preparedness
- 2) Targeted action
- 3) Evaluation and stand down.

The Policy and Action Plan will focus on nine priorities that will address people with disability's need for appropriate and timely information, equitable access to COVID-19 healthcare and ongoing access to their regular non-COVID-19 healthcare and disability support services. High risk settings and situations will be addressed, including group residential settings and the discharge of vulnerable patients from hospital.

People with disability and their support networks will be included in the planning and implementation of the Policy and Action Plan, which will be inclusive of the needs of Queenslanders with disability in all their diversity, including First Nations people with disability and people from culturally and linguistically diverse backgrounds.

## Governance

The development and implementation of effective actions to deliver on these outcomes will require informed and timely decision-making, together with effective coordination across Queensland Health, government agencies, disability sector peak bodies and other stakeholders, including the National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission, as the Commonwealth agencies responsible for NDIS participants and providers.

Effective governance is provided through the *COVID-19 Working Group – Disability support in the Queensland community* (Working Group) and the COVID-19 Residential Aged Care and Disability Services Clinical Advisory Group which has been established to provide implementation oversight of Queensland Health's policy and action plan for a mainstream health COVID-19 response to support people with disability. The Working Group will develop solutions to support the health and disability sectors to respond to the needs of Queenslanders with disability during the COVID-19 pandemic.

The Working Group membership is included in Appendix 1.

## Roles and Responsibilities

There are many agencies, organisations and individuals that have a critical role to play in protecting the health of people with disability from COVID-19 infection. At the centre are people with disability and their support networks.

While many of the actions in the Policy and Action Plan are the responsibility of Queensland Health, a number of actions will require multi-agency approaches or actions by other government agencies, and the involvement or engagement of the disability sector, community-based health services and people with disability, their families and support networks.

The Department of Health will:

- coordinate implementation of the Policy and Action Plan in partnership with the Working Group and other stakeholders
- coordinate and communicate with other Queensland Government agencies, including the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP), other states and territories, the Commonwealth Government and the National Disability Insurance Agency (NDIA), to support effective communication and health service provision for people with disability in response to COVID-19
- prepare and disseminate information, guidelines, procedures and other resources to support this Policy and Action Plan
- support a Queensland communications plan specific to people with disability, in partnership with other stakeholders
- ensure that the COVID-19 health response meets the diverse needs of people with disability across Queensland and across different types of disability, including First Nations people with disability, people from culturally and linguistically diverse backgrounds and people living in rural and remote communities.

Hospital and Health Services will:

- support the implementation of the Policy and Action Plan
- engage with people with disability and their support networks, and local disability service providers in the development of local COVID-19 responses for people with disability.

Other government agencies, including DSDSATSIP, will:

- support Queensland Health in implementation of the Policy and Action Plan
- support faster NDIS access for patients by providing end-to-end case management of access requests
- engage extensively with people with disability, advocates and the disability sector to provide insight into the impacts of COVID-19
- work to resolve identified issues, including in collaboration with Queensland Health
- provide expert advice, information and resources and participate in governance mechanisms.

People with disability, their families, carers and support networks, disability support providers, peak bodies and other stakeholder groups will participate in the development and monitoring of the Policy and Action Plan and provide their expert insights and experience to support implementation and ensure it is meeting its objectives.

## Review

The Policy and Action Plan will be reviewed to inform the ongoing response to COVID-19. Where appropriate, COVID-19 specific processes may be transitioned into improved business as usual arrangements regarding people with disability. Review processes will also identify successes and

learnings arising out of the implementation of the Policy and Action Plan to improve Queensland's preparedness for future pandemic outbreaks.

Given the constantly changing nature of the pandemic, it is expected that the review will be an iterative process where learnings are captured and implemented on an ongoing basis.

## COVID-19 Action Plan for Queenslanders with Disability

The Queensland Health Policy and Action Plan for a mainstream health COVID-19 response to support Queenslanders with disability identifies the phases of each action in alignment to the National Plan. Please note, the phases are not reflective of emergency or disaster planning and do not necessarily proceed in chronological order and are defined as:

- Preparedness: maximise prevention of transmission of COVID-19 to people with disability and minimise impact of health system disruption on health access and outcomes for people with disability
- Targeted action: suspected or confirmed COVID-19 infection of people with disability
- Stand down and evaluation: transition of COVID-19 outbreak specific services into normal business arrangements and evaluation of COVID-19 response for people with disability.

### Action plan activities

Please note the numbering of priorities does not reflect order of importance.

Rec No.	Priorities	Actions	Phase	Status	Agency lead
1.	Governance processes are established and communicated	1.1 Include people with disability as a priority group within all Queensland Health COVID-19 planning documentation, including vaccination.	Preparedness	Ongoing	DOH – SPLB
		1.2 Meaningfully and regularly collaborate and consult with people with disability, families and carers of people with disability, and the disability sector for COVID-19 planning and responses.	Preparedness	Ongoing	DOH – SPLB
		1.3 Establish leadership through a COVID-19 Working Group – Disability support in Queensland.	Preparedness	Completed	DOH – SPLB
		1.4 Develop and update as required a Queensland Health Policy and Action Plan for Queenslanders with Disability that articulates priorities and roles during the COVID-19 response, aligned with the national <i>Management and</i>	Preparedness	Completed	DOH – SPLB

Rec No.	Priorities	Actions	Phase	Status	Agency lead
		<i>Operational Plan for People with Disability</i> as part of the Australian health emergency response.			
2.	Patients medically ready for discharge, particularly vulnerable patients, are prioritised and supported to be discharged from hospital	2.1 Develop and action Guideline for timely, safe and sustainable discharge for people with disability in Response to COVID-19.	Preparedness	Completed	DOH – SPLB
		2.2 Ensure all required financial reporting and data collection is captured.	Preparedness	Ongoing	DOH – SPLB, HPSP
		2.3 Engage QDN to provide independent advice and support to people that are urgently discharged as a part of the COVID-19 response, encouraging choice and control.	Preparedness	Completed	DOH - SPLB
		2.4 Collaborate with QCAT, OPG and Department of Child Safety, Youth and Women where necessary to expedite processes to ensure patients have timely access to a substitute decision maker where required.	Preparedness	Ongoing	DOH – SPLB HHS – MNHSS
		2.5 Ensure timely access to appropriate and sustainable funding for NDIS-eligible patients. Queensland Health will work with the NDIA, including Health Liaison Officers, and in selected areas work with DSDSATSIP Assessment and Referral Teams (ART). Local Area Coordinators will assist individuals and families in the community to understand and access the NDIS, including First Nations individuals and families. Queensland Health committed \$4million to facilitate discharge solutions for long-stay patients with disability to ensure they are better accommodated in community settings.	Preparedness / Targeted action	Ongoing	DOH – SPLB HHSs
3.	Health and Hospital Services (HHSs) are well-positioned to provide	3.1 Ensure strategies are in place to support people with disability attending hospital and healthcare services for non-COVID-19 clinical matters.	Preparedness	Ongoing	HHSs

Rec No.	Priorities	Actions	Phase	Status	Agency lead
	care to people with disability over the COVID-19 period	3.2 Increase promotion of resources such as <a href="#">Julian's Key Health Passport</a> and <a href="#">Ryan's Rule</a> , to support improved hospital care for people with disability.	Targeted action	Completed	DOH-SPLB
		3.3 Promote the importance of advanced care plans and directives for people with disability considered high risk for COVID-19 illness and ensure they are reflected in emergency, critical care responses and less urgent healthcare decisions.	Preparedness / Targeted action	Ongoing	HHSs
		3.4 Ensure continuity of access to usual HHS services e.g., via raising awareness of the benefits of telehealth and disability assessment and diagnostic services for children and young people.	Preparedness	Ongoing	HHSs CHQ
4.	Specific COVID-19 healthcare arrangements and considerations for people with disability	4.1 Ensure ethical care frameworks support equitable and fair provision of intensive and life-saving care for people with disability.	Preparedness	Ongoing	DOH –CEQ HHS
		4.2 Ensure COVID-19 Response Plans include considerations for people with disability in triaging and early identification of cases and treatment of confirmed cases. Where appropriate, collaborate with the NDIA for the delivery of concurrent disability supports while an NDIS participant is receiving care.	Targeted action	Ongoing	HHSs
		4.3 Advocate to Queensland and Commonwealth Government for people with disability to be recognised as a high-risk category for COVID-19 and ensure they are prioritised accordingly (e.g., testing, vaccination, PPE and vaccination).	Targeted action	Ongoing	DOH-SPLB

Rec No.	Priorities	Actions	Phase	Status	Agency lead
		4.4 Ensure that COVID-19 testing and vaccination services and service models are accessible for people with disability.	Preparedness/ Targeted action	Ongoing	DOH-SPLB
		4.5 Consider the needs of people with disability in the development of public health directives and ensure directives comply with the <i>Queensland Human Rights Act 2019</i> .	Targeted action	Ongoing	DOH – SPLB
		4.6 Support the development of a generic training package for health professionals and health care workers re: COVID-19 and disability including: - risks associated with types of disabilities and comorbidities across the life course - risks of diagnostic overshadowing - social vulnerabilities - rights of people with disability to equitable access to healthcare - information about Julian’s Key Health Passport - information about increased risk and rate of domestic and family violence and abuse for people with disability.	Preparedness	Completed	DOH – SPLB (coordinating)
		4.7 Ensure people with disability are provided with information about how to access mental health services and trauma informed care where trauma has been experienced due to COVID-19.	Preparedness/ Targeted Action / stand down	Ongoing	QH – HHS, DOH, MHAODB
		4.8 Develop an evidence base to review/evaluate the effectiveness of the Queensland Health Policy and Action Plan for Queenslanders with disability. This should include	Stand down / evaluation	Ongoing	DOH – SPLB



Rec No.	Priorities	Actions	Phase	Status	Agency lead
		collecting and analysing relevant data, engaging people with disability, mainstream and disability-specific stakeholders to identify lessons learnt and future recommendations.			
5.	Ongoing access to regular healthcare during COVID-19 response	5.1 Reinforce the importance of people with disability having access to routine medical care and services to ensure their overall health and wellbeing is maintained.	Preparedness	Ongoing	DOH-SPLB QH – HHS
		5.2 Consider strategies, not limited to telehealth, for the delivery of alternate access to healthcare, specific to people with disability and in consideration of their unique and varied needs. This includes investigating the role of nurse navigators, and clinical and community health services in the community to ensure continuity of care.	Preparedness	Ongoing	DOH – SPLB, CEQ QH – HHS
		5.3 HHSs collaborate with the primary health care sector to maintain timely access to care services such as assessment, reviews, annual comprehensive health checks, and influenza and pneumococcal vaccinations for people with disability, carers and support workers.	Preparedness	Ongoing	HHSs and DOH
		5.4 Ensure people with disability are supported to develop COVID-19 plans (e.g. <a href="#">QDN template plan</a> ) and strategies to manage their health and wellbeing aligned with the <a href="#">Disability Inclusive Disaster Risk Reduction resources</a> (including children and young people).	Preparedness	Ongoing	DOH – SPLB
		5.5 Consider strategies to address technological barriers that decrease access to healthcare needs for people with disability (e.g. no device or data) for services such as telehealth, the Commonwealth COVID safe app or the Check in Qld app.	Preparedness	Ongoing	QH DSDSATSIP QDN

Rec No.	Priorities	Actions	Phase	Status	Agency lead
6.	People with disability and their family/carers have access to targeted COVID-19 communications	6.1 Publicly acknowledge people with disability, carers and disability support workers in press briefings.	All phases	Completed	QH - SPLB
		6.2 Provide accessible guidance materials that reflect expert health advice in relation to the best way to both manage and prevent the risk of exposure and spread of COVID-19 across a range of disability settings	All phases	Ongoing	QH DSDSATSIP
		6.3 Develop and implement a Communication Plan for the implementation of the Queensland Health Policy and Action Plan for Queenslanders with disability that reaches out to people with disability, including their carers and support providers.	Preparedness	Ongoing	DOH- Strategic Communications DSDSATSIP
		6.4 Ensure Auslan interpreters are included in all press conferences. Where possible, audio captioning should also be used.	All phases	Completed	DOH- Strategic Communications
		6.5 Promote accessible and targeted communications, including for public health directives and vaccinations, to people with disability and their support networks, including Easy Read, First Nations languages and translations for key CALD demographics throughout all phases of COVID-19 in formats that meet the needs of a range of discrete disability groups.	All phases	Completed	DOH- Strategic Communications
		6.6 Ensure accessible information is available for people who do not have access to the internet.	All phases	Completed	DOH- Strategic Communications QDN
7.	Risk of COVID-19 transmission is managed for people with	7.1 Provide targeted guidance and communication around infection control and management of health concerns in group residential settings and for other vulnerable populations such as people experiencing homelessness	Preparedness	Completed	DOH-SPLB DCHDE DSDSATSIP

Rec No.	Priorities	Actions	Phase	Status	Agency lead
	disability living in group residential settings (such as hospitals, aged care, cared components of retirement villages, hostels and group homes), as well as other supported accommodation and in correctional and detention facilities.	and those living in marginal housing including caravan parks.			
		7.2 Ensure QH residential facilities are adequately prepared for outbreak and/or evacuation if necessary.	Preparedness	Completed	Relevant HHSs
		7.3 Ensure public health directions promote the safety, wellbeing and human rights of people with disability. This may include the clarification of existing directions and/or the development of new directions or guidance materials.	Preparedness	Ongoing	DOH-SPLB
8.	Disability and other support providers (including mental health services) are supported to deliver safe services and maintain service delivery in the community	8.1 Collaborate with disability service providers and the NDIA around appropriate access and delivery of support services (including mental health).	Preparedness	Ongoing	DOH-SPLB/MHAODB
		8.2 Collaborate with key stakeholders including the NDIA to assess Personal Protective Equipment (PPE) requirements, availability for disability support providers and PPE training resources to ensure appropriate use of PPE.	Preparedness / targeted action	Ongoing	DOH – ODG
		8.3 Monitor the need for a surge disability workforce in conjunction with NDIS workforce planning at the national level.	Preparedness	Completed	DSDSATSIP DOH – SPLB
		8.4 Collaborate with key stakeholders including the NDIA to provide guidance and communication around infection control, changes to practice and management of health concerns to providers who support people in the community.	Preparedness	Ongoing	DOH-SPLB DSDSATSIP

Rec No.	Priorities	Actions	Phase	Status	Agency lead
		8.5 Promote the use of positive behaviour support strategies and minimisation of restrictive practices	Preparedness / targeted action	Completed	DSDSATSIP
		8.6 Assess the COVID-19 impact on supply chains for other essential equipment (e.g. PEG feeding, catheters) and availability for providers supporting people with disability.	Preparedness	Ongoing	DOH – SPLB QH – CSCSD / HHS
		8.7 Collaborate with other agencies, including disability support providers, to identify and support vulnerable people with complex disability and health care support needs who have insufficient formal or informal support. Where appropriate, HHSs may need to provide outreach in rural and remote areas where there are limited service providers.	Preparedness/ Targeted action	Ongoing	DOH-SPLB/CSFB QH - HHS
9.	Ensure that the COVID-19 health response is inclusive of Queenslanders with disability across the life course and in all their diversity, including First Nations people, people from culturally and linguistically diverse backgrounds, people living in rural and remote areas,	9.1 Ensure culturally responsive approaches are adopted across COVID-19 health responses, including hospital discharge, COVID-19 screening and treatment and transmission management.	Preparedness/ Targeted action	Ongoing	QH- DOH / HHS
		9.2 Develop strategies for enabling continuity of healthcare and supports to First Nations people with disability during the COVID-19 period.	Preparedness	Ongoing	HHSs
		9.3 Collaborate with key stakeholders to ensure an inclusive approach to the identification of emerging COVID-19 health issues for people with disability across the life course, including those from culturally and linguistically diverse backgrounds, people living in rural and remote	Preparedness/ Targeted action	Ongoing	DOH- SPLB

Rec No.	Priorities	Actions	Phase	Status	Agency lead
	LGBTI people, people experiencing homelessness and people in prison	<p>areas, LGBTI people with disability, people with disability who are experiencing homelessness or are in prison.</p> <p>9.4 Consider the health needs of people with disability in the remote retrieval and remote primary care service planning and delivery. Ensure this is done in partnership with local management plan for Aboriginal and Torres Strait Islander Communities; Aboriginal and Torres Strait Islander Community Health Services; HHS; Royal Flying Doctors Service; Queensland Ambulance Service and includes decision-making procedures with family and support networks.</p>	Targeted action	Ongoing	DOH- ORRH HHSs

## Appendix 1: COVID-19 Working Group – Disability support in the Queensland community (Working Group)

### MEMBERSHIP

**Chair:** David Harmer, Senior Director, Social Policy and Legislation Branch, Department of Health

**Members:**

- Troy Hakala, Social Worker, Metro South Health and Hospital Services, Queensland Health
- Sandra Eyre, Senior Director, Mental Health Alcohol and Other Drugs Branch, Queensland Health
- Melissa Fallon, Director, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- Alison Bennett-Roberts, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- Mary Burgess, Public Advocate, Department of Justice and Attorney-General
- Paige Armstrong, Chief Executive Officer, Queenslanders with Disability Network
- Joanne Jessop, Chief Executive Officer, Multicap
- Kirrily Boulton, Endeavour Foundation
- Ian Montague, National Disability Services
- Professor Nicholas Lennox, Director and Honorary Professor, University of Queensland
- Terence Green, Executive Director, Department of Communities, Housing and Digital Economy
- Nathan Johnson, Supported Accommodation and Providers Association
- Ross Carlton, National Disability Insurance Agency
- Desmond Lee, National Disability Insurance Agency
- Amelia Barker, Office of the Public Guardian
- Fran Vicary, NDIS Quality and Safeguards Commission

**Secretariat/ Support:**

- Ross Alcorn, Director, Social policy and Legislation Branch, Queensland Health
- James Parker, Manager, Social policy and Legislation Branch, Queensland Health
- Melanie Nicholls, Manager, Social policy and Legislation Branch, Queensland Health
- Tamara Scharneck, Manager, Social policy and Legislation Branch, Queensland Health
- Gregory Howell, Team Leader, Strategic Communications, Queensland Health.